

INDEPENDENT LIVING PARTICIPANT DATA

Use of form: This form must be completed on each youth aged 15-20 years and maintained as part of the youth's permanent record. All personal data that is reported on this form is confidential. Information on independent living services and activities is required by the Federal Administration on Children and Families (ACF) and this form is to be utilized for the purpose of collecting this data. The data must be compiled and reported annually in summary format to the Department of Health and Family Services using the Independent Living Participant Annual Summary Data form (CFS-873A). After annual reporting is completed, a new form CFS-873 should be utilized to capture the next reporting period data on the youth.

Date - Intake (mm/dd/yyyy)		Date - Discharge (mm/dd/yyyy)	
Name - Participant (Last, First, MI)			Birthdate (mm/dd/yyyy)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
Ethnicity Latino / Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No		Race <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native </div> <div> <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other </div> </div>	
Highest Educational Certification Received <input type="checkbox"/> None <input type="checkbox"/> GED / HSED <input type="checkbox"/> High school diploma <input type="checkbox"/> Vocational certification or license <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Higher than Bachelor's degree <input type="checkbox"/> Completed driver's education <input type="checkbox"/> Obtained driver's license			
Parental Status <div style="display: flex; justify-content: space-between;"> <div> Yes <input type="checkbox"/> Has the participant ever completed sex education training? <input type="checkbox"/> Is the participant a parent? If "Yes", number of children: _____ </div> <div> No <input type="checkbox"/> </div> </div>		Disability <input type="checkbox"/> None <input type="checkbox"/> DD <input type="checkbox"/> MH <input type="checkbox"/> Learning <input type="checkbox"/> Other - Specify _____	
Employment Status <input type="checkbox"/> Currently employed <input type="checkbox"/> Employed part or full time for less than three consecutive months <input type="checkbox"/> Employed part or full time for more than three consecutive three months <input type="checkbox"/> Receiving unemployment compensation <input type="checkbox"/> Participated in paid or unpaid training for at least three consecutive months <input type="checkbox"/> Most recent hourly wage \$ _____			
Length of time in Independent Living Program <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Less than 6 months</div> <div style="width: 33%;"><input type="checkbox"/> Between 1 and 2 years</div> <div style="width: 33%;"><input type="checkbox"/> Between 3 and 4 years</div> <div style="width: 33%;"><input type="checkbox"/> 6 months to 1 year</div> <div style="width: 33%;"><input type="checkbox"/> Between 2 and 3 years</div> <div style="width: 33%;"><input type="checkbox"/> Between 4 and 5 years</div> </div>			
Total length of time in out-of-home care <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> Less than 6 months</div> <div style="width: 25%;"><input type="checkbox"/> Between 2 and 3 years</div> <div style="width: 25%;"><input type="checkbox"/> Between 5 and 7 years</div> <div style="width: 25%;"><input type="checkbox"/> Between 12 and 15 years</div> <div style="width: 25%;"><input type="checkbox"/> 6 months to 1 year</div> <div style="width: 25%;"><input type="checkbox"/> Between 3 and 4 years</div> <div style="width: 25%;"><input type="checkbox"/> Between 7 and 10 years</div> <div style="width: 25%;"><input type="checkbox"/> More than 15 years</div> <div style="width: 25%;"><input type="checkbox"/> Between 1 and 2 years</div> <div style="width: 25%;"><input type="checkbox"/> Between 4 and 5 years</div> <div style="width: 25%;"><input type="checkbox"/> Between 10 and 12 years</div> </div>			

SERVICES RECEIVED

Indicate by checking "Yes" or "No" if services were received by the participant during the reporting period (calendar year). If "Yes", check all services that were received in each category.

<u>Yes</u>	<u>No</u>	<u>Service</u>
<input type="checkbox"/>	<input type="checkbox"/>	Secondary Educational Services
		<input type="checkbox"/> Tutoring / remedial
		<input type="checkbox"/> GED Prep
		<input type="checkbox"/> Driver's education
		<input type="checkbox"/> Precollege program
		<input type="checkbox"/> Vocational training
		<input type="checkbox"/> Academic credit for Independent Living training
		<input type="checkbox"/> Guidance / school counseling
<input type="checkbox"/>	<input type="checkbox"/>	Post Secondary Education Services
		<input type="checkbox"/> Scholarships
		<input type="checkbox"/> Financial aid
		<input type="checkbox"/> Admissions / counseling
		<input type="checkbox"/> Housing
<input type="checkbox"/>	<input type="checkbox"/>	Vocational and Employment Support Services
		<input type="checkbox"/> Career counseling
		<input type="checkbox"/> Job seeking / job placement
		<input type="checkbox"/> On-the-job training / apprenticeship
		<input type="checkbox"/> Vocational rehabilitation services
		<input type="checkbox"/> Sheltered workshop
		<input type="checkbox"/> Supported employment
<input type="checkbox"/>	<input type="checkbox"/>	Daily living and home management skills training
<input type="checkbox"/>	<input type="checkbox"/>	Budget and financial management services
<input type="checkbox"/>	<input type="checkbox"/>	Housing services
<input type="checkbox"/>	<input type="checkbox"/>	Youth development services
<input type="checkbox"/>	<input type="checkbox"/>	Mentoring services
<input type="checkbox"/>	<input type="checkbox"/>	Health education / prevention services
<input type="checkbox"/>	<input type="checkbox"/>	Mental Health / emotional well-being services
		<input type="checkbox"/> Counseling
		<input type="checkbox"/> Self-help / support groups
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol / other drugs treatment
<input type="checkbox"/>	<input type="checkbox"/>	Financial Assistance and Medical Coverage
		<input type="checkbox"/> Public assistance
		<input type="checkbox"/> Social Security
		<input type="checkbox"/> Independent Living funding
		<input type="checkbox"/> Room and board
		<input type="checkbox"/> Emotional support
		<input type="checkbox"/> Other financial assistance
		<input type="checkbox"/> Medicaid
		<input type="checkbox"/> Insurance coverage
		<input type="checkbox"/> State program
		<input type="checkbox"/> Private insurance

Participant's Living Arrangement(s) During Report Period. Check all that apply.

- ☐ Homeless
 - ☐ Adult correctional facility
 - ☐ Juvenile correctional facility
 - ☐ Living independent of agency maintenance
 - ☐ Subsidized housing
 - ☐ Relative home
 - ☐ Nonrelative home
 - ☐ Foster home
 - ☐ Adoptive home
 - ☐ Group home
 - ☐ Drug rehabilitation program
 - ☐ Mental health institution
 - ☐ Homeless or housing crisis
 - ☐ Child care institution
 - ☐ Supervised apartment / transitional housing
 - ☐ Temporary arrangement
 - ☐ Living independently
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